

ATTACHMENT

D

PART 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/23/06	① Pt. in fm reg. week. (Hemorrhoids)
1200 hr	② Pt. 115/70 HR: 72 B/P: 14 T: 97.2 PAIN: V0 - Heart - Miss - ulcers, P. tonsilice. FUNDOSCOPY - uuc
	PT: Hemorrhoids.
1/24/06	① Maintain 400 mg po twice a day x 10 days (fm) ② Pt. education (aven 100000 hemorrhoids) Exercise, Diet, 1 week - no hard plan, He understood.
	③ Follow up as needed
	<i>Luis Berrios, M.D.</i> Clinical Director FCI Bennettsville
1/26/06	From Entry:
1200 hr	Pt. DIDN'T show up fm APP EVALUATION
	<i>Luis Berrios, M.D.</i> Clinical Director FCI Bennettsville

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1/10/06 (5). Pt ~~is~~ in sick car c/o NASM congestion
0730 AM (6). B/P 117/80 HR:72 RR:14 T:97.4 PBM: 0/0
- Heart - moist rales, p. trachea - NASM
- Heart (7) no gallops
- Unlab. ceases to auscultation
PA: Sinusitis
Rx: (1) Amoxicillin 500 mg po 3 times a day x 7 days.
(2) Strong Sol. NASM spray + PUFF ^{every nostril} twice a day
(3) Pt Education given about sinusitis. x 1 week.
Exams, diets, med. use and plan, he
understood.
(4) Flu As needed.

J. Thomas

Luis Berrios, M.D.
Clinical Director
FCI Bennettsville

HOSPITAL OR MEDICAL FACILITY

1644

ДЕЛАЕТ СЕРДЦЕ

Digitized by srujanika@gmail.com

SPONSOR: NAME

1

RELATIONSHIPS TO CONCEPTS

PATIENT'S IDENTIFICATION: (For typed or written entries)
Date of Birth: 09/01/1961

REGISTER NO.

111

KELLY, LESLIE B.

28864-039

FCI BENNETTSVILLE E

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRMR 41 CFR 201-8.202-1

USB | VN

DATE

SYMP. MS, DIAGNOSIS, TREATMENT, TREATING

SIGNIFICATION (Sign each entry)

12-9-05

CLINIC(S): () CARDIAC () DIABETIC () ENDO/LIPID () GASTRO () GENERAL () HYPERTENSION

0906

() INFECT DISEASE () MNTL HLTH () NEUROLOGY () OB GYN () ORTH/RHEUM () PULMONARY

SUBJECTIVE:

PT has no leg pain. No edema
 tender to pressure. No leg pain especially in the

PAIN SCALE
 10
 8
 6
 4
 2
 0
 1-2 Mild
 3-4 Discomfort
 5-6 Moderate
 7-8 Severe
 9-10 Worst Pain
 right foot

OBJECTIVE: (Review of Systems):

Weight: 98 Temp: 97 Pulse: 77 Resp: 16 BP: 134/76

Mental Health/Neuro

Alert. Oriented x 3. No other findings

HEENT:

Normal findings (No focal findings)

Neck:

Respiratory: No masses, supple thyroid

Heart:

R/R w/ P regular

Lungs:

All clear

Abdomen:

SM no masses

Extremities:

No edema

left foot

Recent labs.

N/A ordered

HOSPITAL OR MEDICAL FACILITY FCI/FPC BENNETTSVILLE	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER
NO.

WARD NO.

FCI BENNETTSVILLE

Kelly Leslie

24864-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)

12-9-05	Cont.
D900	ASSESSMENT(S): <u>Migraine</u> <u>Hyperlipidemia</u>
PLAN:	
E: EDUCATION	
<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics	
Diagnostic tests:	
1- Lipid <u>XR</u> 2- Basic Panel <u>EKG</u> 3- Referral to IDC for Vaccination: <input checked="" type="checkbox"/>	
4- Return to Clinic for Routine Follow Up on <u>6m</u> :	
5- Delete H2U for Delete <u>H2</u> and <u>Men</u> 6- <u>Propranolol 20mg PO twice a day x-6m</u> 7- <u>Lovastatin 20mg TPO daily x-6m</u> 8- <u>Aspirin EC 81mg TPO daily x-6m</u> 9-	
REVIEWED <u>DR. J. BERRIOS, MD</u> DEC 09 2005 FCI PSEN	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)				
DATE/TIME	INTAKE SCREENING QUESTIONNAIRE/INITIAL ORDERS				
12-1-05 1555	INTAKE MEDICAL SCREENING FOR FCI FPC (circle one) <i>PPD 12/27/05</i>				
	INMATE ARRIVED PER: J&C TRANSFER WRIT PV SELF-SURRENDER				
	PPD GIVEN: Yes No/Date to be read: Reason not given <i>OK</i>				
	CHEST X-RAY: Results Positive/Negative Date:				
	— Does not have any of the following symptoms				
	— Does have the following symptoms				
	— Unexplained weight loss Fever —				
	— Cough lasting > 3 weeks Night Sweats —				
	— Hemoptysis (coughing up blood)				
	ALLERGIES: Yes No List: _____				
	EVIDENCE OF CONTAGIOUS DISEASE (Lice, TB, Hepatitis, HIV/AIDS)				
	ARE YOU CURRENTLY IN PAIN: Yes No If yes, use pain scale 0--1--2--3--4--5--6--7--8--9--10 No Pain Mod Severe Pain				
	WHERE IS THE PAIN LOCATED? <i>W A</i> HOW LONG?				
	HISTORY OF PSYCHIATRIC ILLNESS: Yes No				
	IMMEDIATE REFERRAL TO PSYCHOLOGY/PSYCHIATRY: Yes No				
	SUICIDE HISTORY OR IDEATION: Yes No Explain				
	HISTORY OF SEXUAL ASSAULT: Yes No Explain				
	INTAKE SCREENING REVIEWED AND NOTED: Yes No Reason				
	TETANUS: Yes No Physical exam to be done: Yes No				
SIGN/STAMP NAME: <i>S. Deese, R.N.</i>					

HOSPITAL OR MEDICAL FACILITY FCI/FPC BENNETTSVILLE	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
---	--	--------------	----------

INMATE
INMATE **Kelly, Leslie R.**
DOB: 12-17-62
FCI Bennettsville

26864-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

USP LVN

Kelly, Leslie R.

26804-039

DOB: 12-17-62

FCI Bennettsville

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
12-1-05	INMATE EDUCATED ON SICK CALL (DENTAL/MEDICAL) PILL LINE	
1555	PROCEDURES. PATIENT VOICE UNDERSTANDING AND AGREES. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	CARE LEVEL (Circle One)	
	CARE LEVEL 1: Essentially Healthy Inmate, no serious medical conditions	
	CARE LEVEL 2: Non-complex acute and chronic ambulatory conditions	
	CARE LEVEL 3: Complex ambulatory conditions	
	CARE LEVEL 4: Requires sub-acute/long-term inpatient care, medically complex.	
	ADD TO CHRONIC CARE CLINICS: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Circle One)	
	CARDIAC DIABETIC GASTRO ENDO/LIPID GENERAL	
	HTN INFECT. DIS NEUROLOGY ORTHO/RHEM PULMONARY	
	ESSENTIAL MEDICATIONS (Chronic Care Medications Only)	
<p>Meds:</p> <p>① EC-ASA 81mg po qd x 1 mo</p> <p>② TBU 600mg po TID x 1 wk</p> <p>③ lovastatin 20mg po q pm x 1 mo</p> <p>④ Propranolol HCl 20 mg BID with food x 1 mo</p>		
<p><i>AMM</i> 12/16/05 <i>AMM</i> 12/16/05</p> <p>Luis Berrios, M.D. Clinical Director FCI Bennettsville</p>		

sign/stamp name

Deese RN

Inmate Name

Kelly, Leslie

Inmate Number

26804-039

11/23/05 1738 ~~11/23/05 1738~~ ~~ATLANTA FCI/FCB~~ ~~OK FOR TRANSFER~~
Meds x 7 days ~~Sgt. B. Martel~~
~~Paramedic/EMT~~
~~ACI/FDC Tallahassee~~

11/29/05 1938

OK FOR TRANSFER

~~Sgt. B. Martel~~
~~Paramedic/EMT~~
~~FCI/FDC Tallahassee~~

4-3-001

OK For Transfer
USP Atlanta

15n

~~R. Ogden~~

U. S. DEPARTMENT OF JUSTICE BUREAU

FEDERAL BUREAU OF PRISONS

1. PPD Completed	NO	Name	Reg. #
1. PPD Completed	10/05	Kelly Justice	36864-639
Results:	mm	Departed from	Destination
2. CXR Completed	11/10	FCI JESUP, GA	Date
Results:	mm	11/10	11-23-2005
3. Symptom free per SF-600 x 30 days.		Current Medical Problems	
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	1. HYPERTENSION	4.
		2. HYPERLIPIDEMIA	5.
		3. MIGRAINES	6.

Date of Birth: 12-17-62 | Date Allergies: NKA

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

100% medical equipment required

2015 RELEASE UNDER E.O. 14176

Continue on all medications until evaluated at receiving institution.

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

FCI/FCI Teregoas, PA
Phone: 212-437-1337
Date: 11-21-05

CHAPTER 20. REGIONAL APPENDIX

11/8/05 Ccc: Endo-lipid/ HTN/ general, Hx 1/2
 120⁺ times every day.
 11/8/74 O. pt Ado x 3 - Vision Poor Fundus
 86 not visualized well. pt no signs palpated.
 16 BP up. O par 5 mg - pt had
 stroke but 2 months ago Dr.
 Chek lab abd w/ pt denies
 palp adeno we found. pt taking
 metoprolol instead of indeed for migraines
 calculated 200 mg in 10-3-05.
 A: Hypertension
 HTN controlled
 migraines? (H/R) not controlled -
 I issue Lovastatin 20 mg q evening and 1/2.
 Rxtra 81 mg daily x 180 days
 Do metoprolol start propranolol 40 mg
 daily x 180 d. pt to return for
 twice daily B/P for 2 weeks.
 metoprolol 60 mg, 1/2 d. c first par
 migraine x 180 days.
 freight rec, side effects & change
 ccc 180 days

Frank Adair, MLP
 FCI Jesup, GA

Mr. Gholip, MD
 Medical Officer
 FCI Jesup, Ga

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
9-23-05	chest/lung CTAB			
1515	Cardio L52			
	Abdominal benign			
	Neuro CT11 - x11 normal			
	A/p Headache			
	Educate pt to avoid anything that triggers headaches			
	Modi'n 600mg i so TID pm HA x 90day			
	Oxrenor 100			
	Inflammation			
	9-26-05			
	M. Chip, M.D.			
	Medical Officer			
	FCI Jesup, Ga.			
	LHR			
	RPH			
	JESUP, GA			
9/29/05	no show for sick call apt			
1330	J Adair			
	Frank Adair, M.D.			
	FCI Jesup, GA			
10-3-05	Administrative Note: Update of			
1110	copies from last request of 9-8-05.			
	7 Copies			
	J. Oliver, HIT			
	L. Oliver, HIT			
	FCI Jesup, GA			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
MCILY, LESLIE		PATIENT'S NAME (Last, First, Middle Initial)	SEX	
2-367-039		RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
1-17-62		SPONSOR'S NAME	ORGANIZATION	
FCI JESUP, GA.		DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and DCMR
FIRMR (41 CFR) 201-45,505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	Medication:	Allergies:
	() Antifungal Cream APAA/BIDx _____ days # _____ refills _____	
	() Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____	
	() Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____ # _____ refills _____	
	() Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs pm for fever/pain _____ # _____ Refills _____	
	() Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refill _____	
	() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____	
	() Colace 100mg 1 capsule BID for constipation # _____ Refills _____	
	() Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____	
	() Antacid Suspension(1.0ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____	
	() Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____	
	() Zantac 150mg p.o. q 12 hrs x _____ days. refills _____	
	() Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____	
	() Antibiotics Oral/Injectables: (specify route, times, days, etc.)	
	CHECK FOR ALLERGIES:	

① Bactruin DS + BID x 10 day Non pill line
 ② Bactoban BID #1
 ③ RTC PRN

Paul W. Wickard, PA

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

9-8-05 Admin Note: Updated copies of
0730 file from 6-10-05 to present.

11 copies *L. Oliver, MT*

L. Oliver, MT
FCI Jesup, GA

9.23.05 The pt just returned from
1515 Savannah Memorial where he
BP 122/74 had a stress test. He admits
P 64 to a headache but denies
R 15 any chest pain diavers
T 97.8 or 508
H/E/N/T normocephalic

NMM 7040-00-034-4170

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/9/05	SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U		
1237	Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:		
	History of Present Illness: <i>cl L nostril bleeding</i>		
	<i>off on + 2 month OF/c</i>		
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		
	OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVE1:		
	HEENT: () N/A () Normal () Abnormal(Describe): <i>L ear sm sore</i>		
	Skin: () N/A () Normal () Abnormal(Describe): <i>lateral wall</i>		
	Heart: () N/A () Normal () Abnormal(Describe): <i>lungs</i>		
	Lungs: () N/A () Normal () Abnormal(Describe): <i>lungs</i>		
	Abdomen: () N/A () Normal () Abnormal(Describe): <i>abdomen</i>		
	Other:		
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <i>infection</i>		
	PLAN: .		
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:		
	Patient Education:		
	() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI (\rightarrow) Stop Smoking/ Increase exercise (\rightarrow) Medication Dosage/Administration/compliance		
	(\checkmark) Patient Understood and agreed		
	Consultation / Referral:		

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)

HELLY, LESLIE

26864-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT:	► FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

NIN 750-20-004-474

800-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6.23.05

SUBJECTIVE: SICK CALL CAMP H.S.U S.H.U

0930

Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion / toothache / somatic pain / renew medication / other:

History of Present Illness: / have nose bleed and head for 3 days He denies any photo sensitivity

Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

OBJECTIVE: B/P: 120/70 T(F): 97.3 P: 63 R/R: 18 Wgt: _____ FVEI: _____HEENT: N/A Normal Abdominal (Describe):Skin: N/A Normal Abnormal (Describe): no purulent nasal dischargeHeart: N/A Normal Abnormal (Describe):Lungs: N/A Normal Abnormal (Describe):Abdomen: N/A Normal Abnormal (Describe):

Other:

ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: Headache MigraineSinusitis

PLAN:

Diagnostic Studies: CBC UA SMA-24 LFT Lipids Other:

Patient Education:

 Etiology Complications Prognosis Adverse Reactions Diet Use of MDI
 Stop Smoking/ Increase exercise Medication Dosage/Administration/compliance Patient Understood and agreed

Consultation / Referral:

B. Aremu, PAC

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

KELLY, LESLIE

20864-039

12/17/62

FBI JESUP, GA.

RECORDS MAINTAINED AT:	FBI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)	FBI JESUP, GA	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	
	DATE OF BIRTH	

10-2305 Medication:

Allergies:

NKJA

0930

Antifungal Cream APAA/BIDx _____ days # _____ refills _____
 Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
 Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____
 Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs.pm:fever/pain _____
 Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refill _____
 HC Cream 1% APAA BIDx _____ days # _____ gm, Refills _____
 Colace 100mg 1 capsule BID for constipation # _____ Refills _____
 Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____
 Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x
 Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
 Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
 Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
 Antibiotics Oral/Injectables: (specify route, times, days, etc.)
 CHECK FOR ALLERGIES:

LEAGUES:

Amot, citizen 5000y + 00 7.7. & 7days
Sic g war

B. Aremu, PAC
FCI Jesup, GA

Watson, KPH

2-18588-G

NIN 744-00-000-470

600-102

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (See back page)

6/7/05

SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U

13/10

Chief Complaint(s): - itching / rash / headache / dyspepsia / nasal congestion / toothache / somatic pain / renew medication / other:

History of Present Illness:

K chest pa last night & dry respiratory

Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

OBJECTIVE: B/P: 104/76 () P: 99 R: 23 Wgt: FVEI:

HEENT: () N/A () Normal () Abdominal(Describe): tender to palpation

Skin: () N/A () Normal () Abnormal(Describe):

Heart: () N/A () Normal () Abnormal(Describe):

Lungs: () N/A () Normal () Abnormal(Describe):

Abdomen: () N/A () Normal () Abnormal(Describe):

Other:

ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia / Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache

Other:

PLAN:

Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:

Patient Education:

() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI

() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance

() Patient Understood and agreed

Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Impairment)

KELLY, LESLIE

26864-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPARTMENT/SERVICE	SOCIAL SECURITY/IDENTIFICATION NO.	
	DATE OF BIRTH	

Medication:

Allergies:

Antifungal Cream APAA/BIDx _____ days # _____ refills _____
 Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
 Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches
 Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs pm for fever/pain
 Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refill _____
 HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____
 Colace 100mg 1 capsule BID for constipation # _____ Refills _____
 Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____
 Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____
 Tagamet 300mg/400mg p.o. q 12 hrs x _____ dats. refills _____
 Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
 Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
 Antibiotics Oral/Injectables: (specify route, times, days, etc.)
 CHECK FOR ALLERGIES:

Idle & 2 days

Tylenol ES 1/2 Q 8^o prn

Paul W. Wildard Jr.

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

6-10-05 Admin Note: Update of file from 5-4-05
1015 to present. S. Oliver, M.T.

J. Oliver, M.T.

FEDERAL BUREAU OF PRISONS			
Re Clearance YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Name _____		
1. PPD Completed: <u>1-27-05</u> Results: <u>0</u> mm Date _____	Reg. # <u>36864-039</u>		
2. CXR Completed: <u>11/1</u> Results: <u>110</u> Date _____	Departed from <u>FCI JESUP, GA</u>	Destination <u>Ken</u>	Date <u>11-23-2005</u>
3. Symptom free per SF-600 x 30 days. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Current Medical Problems: 1. <u>HYPERTENSION</u> 4. _____ 2. <u>HYPERLIPIDEMIA</u> 5. _____ 3. <u>MIGRAINES</u> 6. _____		

Date of Birth: 12-17-62

Drug Allergies: NKA

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

Special medical equipment required? Yes (Specify)

2020-2021 Comments

Continue on all medications until
evaluated at recency institution.

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

COMPLETE THIS SECTION IF APPLICABLE

242

THE BOSTONIAN

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1198

- 3070002 - 27

382 *John*

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE/TIME

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5-5-05

CLINIC(S): () CARDIAC () DIABETIC () ENDO/LIPID () GASTRO () GENERAL () HYPERTENSION

0855

() INFECT/DISEASE () MNTL HLTH () NEUROLOGY () OB/GYN () ORTH/RHEUM () PULMONARY

SUBJECTIVE:

Doing pretty well. Apt. 102, int. stable
 voiding - ok → R.M. - ok OBTS GRB.
 exercising - walking TOB ✓
 sleeping - ok
 continues to HA's.

PAIN SCALE

10

8

6

4

2

0

No Pain

1-2 Mild

3-4 Discomfort

5-6 Moderate

7-8 Severe

9-10 Worst Pain

right foot



OBJECTIVE: (Review of Systems): AGE: 47 SEX: Male

RACE: AA

Weight: 202 Temp: 79 Pulse: 16 Resp: 16 BP: 110/60 SO2% Peak Flow:

Mental Health: stable

HEENT: Normal

Last Op/Ophth. Eval: 4/05

Neck: () Thyroid () bruit Eyes: PERRLA

Heart: RRR 3/1

Lungs: clear

Abdomen: soft BS(+) non tender () masses

Genital/Rectal: deferred

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name-first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade.)

25864-039

12/17/02

FCI JESUP, GA.

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5-9-05	Extremities: +3 pulse <u>edema</u>
Cont.	
<i>Wk Bursit</i> <i>FCI/PC Jesup</i>	Recent Lab Results:
	ASSESSMENT(S): <u>① ATN. ② HA ③ ↑ lipid</u> <u>① Triple antibiotic BID (nose) #1</u> <u>② Motrin 600mg TID -meals x 180 days</u> <u>③ EC ASA 81mg every day x 180 day</u> PLAN <u>④ Lovastatin 120mg everyday x 180 day</u> <u>↓ ⑤ Metoprolol 25 mg BID x 180 day</u>
	PATIENT EDUCATION: <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication should sign up for sick-call.
	DIAGNOSTIC STUDIES: <input checked="" type="checkbox"/> CBC/DIFF <input type="checkbox"/> UA <input type="checkbox"/> BMP <input checked="" type="checkbox"/> CMP <input checked="" type="checkbox"/> LIPIDS <input type="checkbox"/> HgA1c <input type="checkbox"/> LFT <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others: <u>5 months</u>
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Dietician <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Other
	Referral to IDC for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other
	Return to Clinic for Routine Follow Up on: <u>90 days</u> <u>180</u>
	Treatment(s): ALL Treatments For <u>90 Days.</u> <u>180</u>
	<i>AS1/Mar 113</i> <i>Paul W. Wickard, PA-C</i> <i>Physician Assistant</i> <i>FCI/PC/ESL Jesup, Ga.</i>

RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (See back entry)		
11/14/05 0940	<p>SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U</p> <p>Chief Complaint(s): toothache / itching / rash / headache / dyspepsia / nasal congestion / somatic pain / renew medication / other:</p> <p>History of Present Illness: C/o R-sided neck pain of/c on right side</p>		
<p>Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)</p> <p>OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI:</p> <p>HEENT: () N/A () Normal () Abnormal (Describe): tenderness R</p> <p>Skin: () N/A () Normal () Abnormal (Describe): soft of neck</p> <p>Heart: () N/A () Normal () Abnormal (Describe): R ear normal</p> <p>Lungs: () N/A () Normal () Abnormal (Describe):</p> <p>Abdomen: () N/A () Normal () Abnormal (Describe): throat & neck</p> <p>Normal</p> <p>Other:</p> <p>ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: neck pain</p> <p>PLAN:</p> <p>Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:</p> <p>Patient Education:</p> <p>() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI</p> <p>() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance</p> <p>() Patient Understood and agreed</p> <p>Consultation / Referral:</p>			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

KELLY, LESLIE

26864-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR		STATUS
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	JSN/IDENTIFICATION NO.	DATE OF BIRTH

Medication:

Allergies:

() Antifungal Cream APAA/BIDx _____ days # _____ refills _____
 () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
 () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____
 () Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs pm for fever/pain _____
 () Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refill _____
 () HC Cream 1% APAA BIDx _____ days # _____ gm, Refills _____
 () Colace 100mg 1 capsule BID for constipation # _____ Refills _____
 () Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____
 () Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____
 () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
 () Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
 () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
 () Antibiotics Oral/Injectables: (specify route, times, days, etc.)
 CHECK FOR ALLERGIES:

① Motrin 600mg TID ± meals #60
 ② Amoxicillin 500mg TID x 10 days

Paul W. Wickard, PA

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC/FSL Jesup, Ga.

ML RPH

APR 2003 JSPR G4

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	① Doxiclone 100mg BID X 10 day
	② GM 7-280 PRN
	③ Td/le X 3 day
	Also to weekly outpt xl Paul W. Wickard, PA
	L.W. Dexpage
	Watson, RPH
	JESUP, GA
3-31-05	Admin Note: Copy of lab dated 1015 3-9-05 to inmate - 2 Copies. L. Oliver, HIT
1015	L. Oliver, HIT FCI Jesup, GA

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 3/1/03 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

3/1/03

SUBJECTIVE: SICK CALL CAMP H.S.U. S.H.U.

1315

Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion / constipation
toothache, somatic pain, renew medication, other:

History of Present Illness:

ck head congestion

Onset:

2/27/03

+ tenderness anterior chest wall
OP/C body aches coughNumeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

OBJECTIVE: B/P: T/F: 2: RR: Wgt: FVE:

HEENT: () N/A () Normal () Abnormal/Describe:

Nose - boggy

Skin: () N/A () Normal () Abnormal/Describe:

EARS - normal

Heart: () N/A () Normal () Abnormal/Describe:

Throat - red

Lungs: () N/A () Normal () Abnormal/Describe:

Abdomen: () N/A () Normal () Abnormal/Describe:

key sct bronchial BS

Other:

ASSESSMENT: Dermatitis / Fungal Infection (Feet) (Groin) / Skin / Dyspepsia / Rhinitis /
Upper Respiratory Infection / Constipation / Headache / toothache /
Other: bronchitis

PLAN:

Diagnostic Studies: () CBC + () UA () SMA-24 () LFT () Lipids () Other:

Patient Education:

() Etiology / Complications / Prognosis / Adverse Reactions / Diet / Use of MDI

() Stop smoking / Increase exercise () Medication Dosage/Administration/Compliance

() Patient Understood and Agreed

Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for mechanical
inputs)RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SECTION/ESCAPEMENT/IFICATION NO.

DATE OF BIRTH

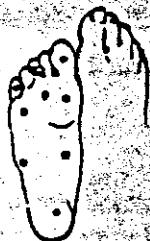
12/17/02

PAIN SCALE

10
9
8
7
6
5
4
3
2
1
0

0 No Pain
1-2 Mild
3-4 Discomfort
5-6 Moderate
7-8 Severe
9-10 Worst Pain

right foot



SUBJECTIVE: Back pain - pain in neck
W/ stable - voiding - OK
SPC - Exercise - bike + wt
Sleep - poorly - clo dizziness on 2
when bending over also occasions of
SOB



left foot

OBJECTIVE: (Review of Systems): AGE: 42 SEX: Male RACE: AA

Weight: 204 Temp: 98.6 Pulse: 62 Resp: 16 BP: 120/66 SO2%: 98 Peak Flow:

Mental Health: Stable Ppulse 64 TBP 134/69

HEENT: Normal Last Op/Ophth. Eval: 12/02

Neck: O blunt O thyroid Eyes: PERCRA

Heart: PRR 3M

Lungs: Clear

Abdomen: soft B-SF non-tender emas

Genital/Rectal: defused

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
FCI JESUP, GA.			
VERA LESTIE			

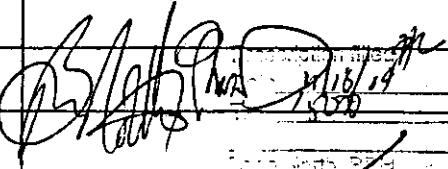
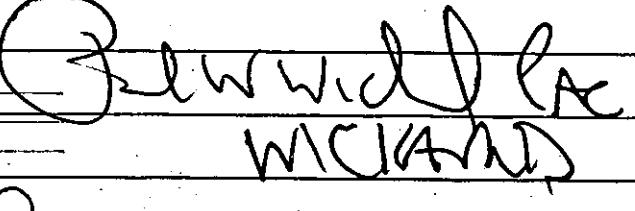
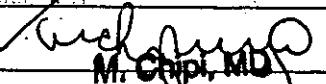
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name-last first, middle, ID No or SSN; Sex; Date of Birth; Rank/Grade.)

12/17/62 / / /

FCI JESUP, GA.

REGISTER NO. WARD NO.

Examining:	
Recent Lab Results:	
ASSESSMENT(S):	<input checked="" type="checkbox"/> HTN <input checked="" type="checkbox"/> Lipid <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Metoprolol 50mg BID x 90 day <input checked="" type="checkbox"/> Lovastatin 20mg everyday x 90 day <input checked="" type="checkbox"/> EC ASA 81mg everyday x 90 day <input checked="" type="checkbox"/> Motrin 600 mg TID E meals x 90 day
PLAN:	
PATIENT EDUCATION:	<input checked="" type="checkbox"/> Aetiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication should sign up for sick-call.
DIAGNOSTIC STUDIES:	<input checked="" type="checkbox"/> CBC/DIFF <input type="checkbox"/> UA <input type="checkbox"/> BMP <input checked="" type="checkbox"/> CMP <input checked="" type="checkbox"/> LIPIDS <input type="checkbox"/> HgA1c <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others: <u>1 month</u> <u>first</u>
Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Dietician <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Other
Referral to IDC for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other
Return to Clinic for Routine Follow Up on:	90 days
Treatment(s):	ALL Treatments For 90 Days.
<u>Paul W. Wickard, PAC</u> <u>Physician Assistant</u> <u>FCI/FPC/FSL Jesup, Ga.</u>	

DATE	SYMPTOMS	EXAM
11-18-64	CHRONIC CARE CLINIC	
11-00	1) Head pretty good	
	2) Stable voids - up and at	
P-71	night BM of OATS GRB	
120/59	Sob occurs at night while you	
	up O/C	
01	Assent - Normal	
	Neck - bruit - thyroid	
	Lungs - clear	
	Heart RRR 3M	
	Abd - soft B/S Nontender	
	Ext - edema (3 pulses)	
A1	HTN	
01	① Losartan 50mg BID x 90 day	
01	② Motrin 600g TID meal x 90 days	
	③ LTC 90 days	
	④ lab recheck cholesterol -	
		 Belweld, Inc. MCIAAID
 M. Chidi, MD Medical Officer FCI Jesup, GA		

PATIENT IDENTIFICATION (use this space for Mechanical Imprint)

26864-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	
	DATE OF BIRTH	

DATE: 12-1-09 APPROVAL: 12-1-09 SPONSOR: SPONSOR'S TREATMENT: REFERRING ORGANIZATION: (Sign and Print)

12-1-09

1030

to 1030

DR. GRIFFITH

HOSPITAL

ECM-1-09-CJ

REFUGEE OFFICE

W/ CHB/ W/

Large X drawn across the entire page.

CHRONOLOGICAL RECORD OF MEDICAL CARE
SYMPTOMS/STASIS/TREATMENT/TESTS/EXAMS/PROCEDURES

0645	SUBJECTIVE: <u>nick call a/c to camp</u>		CHIEF COMPLAINT: <u>toothache, somatic pain, repeat medicam</u>		
	History of Present Illness: <u>the head longer to</u> <u>nasal drip worst at night. States GIA</u> <u>not working</u>				
Numeric Scale for Pain Assessment: () (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) ()					
OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVE1:					
HEENT: () N/A () Normal () Abnormal(Describe): <u>nasal turbinates pale Swell</u>					
Skin: () N/A () Normal () Abnormal(Describe): <u>thickened skin</u> <u>exudates</u>					
Heart: () N/A () Normal () Abnormal(Describe): <u>no murmur</u>					
Lungs: () N/A () Normal () Abnormal(Describe): <u>no wheezing</u>					
Abdomen: () N/A () Normal () Abnormal(Describe): <u>no tenderness</u>					
Other:					
ASSESSMENT: <u>dermatitis / Fungal Infection (Feet) (Groin) (Skin) / Dyspepsia / Rhinitis /</u> <u>Upper Respiratory Infection / Constipation / Headache / Toothache /</u> Other:					
PLAN:					
Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:					
Patient Education: <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Adverse Reactions () Diet () Use of MDI					
() Stop smoking / Increase exercise <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance					
<input checked="" type="checkbox"/> Patient Understood and Agreed					
Consultation / Referral:					

PATIENT'S IDENTIFICATION (Use this space for Mechanical

KELLY, LESLIE

26354-039

12/17/62

FCI JESUP, GA.

RECORDS MAINTAINED AT:		PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH		

11/5/04

Prescription

0645

(cont)

Antibiotic Ointment APAA BID

Tylenol 500 mg (1) / (2) tablets QID pm for fever / pain relief / headache

Aspirin (81 mg) / (325 mg) TT PO QD / QID / (1) or (2) tabs q 4-6 hrs. pm fever / pain / headache

Ibuprofen 400 mg 1 p.o. t.i.d. pm p.c. for pain relief #21 Refill

HC Cream 1% APAA BID X days # gm Refill

Colace 100 mg 1 capsule BID for constipation. # Refill

Dulcolax Take (2) or (3) tabs. q.HS for constipation # Refill

Antacid Suspension (10 ml) / (15 ml) p.o. q 4 hrs pm for heartburn, indigestion X days # Refill

Tagamet 300 mg / 400 mg p.o. q 12 hrs X days Refills

Zantac 150 mg p.o. q 12 hrs X days Refill

Antibiotic Ointment APAA BID / TID / QID X days. # gm Refill

Antibiotics Oral/Injectables: (Specify route, times, days, etc.) Check for allergies

or (1) Nasal saline BID #1

(2) Nasorel II spray BID #2

(3) RTC if symptoms persist / worsen

Prescription filled Almond contraindicated

Date 11/5/04 Diagnosis

Time 11:50

Brian North, PA

Paul W. Wickard, PA

Paul W. Wickard, PAC

Physician Assistant

FCU/PC/FSL Jesup, Ga.

MEDICAL RECORD		PT NO: 0830	
DATE	SYMBOLS	DIAGNOSIS	EXAMINER
10/12/04	Adm Note		PW/PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.
0830	10/12/04	Brian S. North Pharm. D., RPH FCI Jesup, GA	Paul W. Wickard, PA
10/12/04 0700	3) infected ingrown nail R great toe	1) infected R great toe A) ingrown toenail	PW 500mg BID x 10 days ② Motrin 600mg TID x 30 days ③ RTC 10/15 12:30p partial removal of nail ④ Pt education
			Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.
			<i>Paul W. Wickard, PA</i>
			<i>10/12/04</i>
			<i>Watson</i>
			<i>GA</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

KELLY, LESLIE

1200 1200

12/17/62

1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LYN

8-24-04 Admin note
1340 Today by Dr. Rein Rec repairing
finger.

Ginger Noland AHT

G. Noland, AHT
FCI Jesup, GA

8-30-04 Admin Note: Copy of Lab 212 8-17-04
0630 to inmate. J. Oliver, MHT
J. Oliver, MHT

8/30/04 Lab 8/17/04 chol 317 S6PT 90
0716 S60T-29 Need education
dét + exercise. Full lipid panel
Paul W. Wickard, FCI
WICKARD
TM

9-10-04 S: Visit scheduled for ECG - Inmate denies
0951 any chest pain at present.
BP 114/72 O: VSS - Cooperative - No acute distress.
HR 66 A: Stable

P: ECG performed and placed in medical record

Ginger Noland AHT

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)

Kelly, Leslie

26864-039

12-17-62

12-17-62

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
RELATIONSHIP TO SPONSOR		STATUS
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	
		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV 5-64)

9/30/04	1230	10:30 AM	10:30 AM
DOS 01 - MALE			
① Nares - Normal			
EARS - NORMAL			
Throat - red & exudates			
Lungs - clear			
Heart - PPR SM			
AB - NRT			
P1 - Nasal saline BID #1			
Nasop - H. Spray BID #1			
PAC if symptoms persist/worsen			
At earliest convenience			
Paul W. Wickard Wickard			
Office			
7-10-04			
Watson, R.H.			
Jesup, GA			
9/30/04 sick call - continue with headaches			
1230 frontal area NO visual, <input checked="" type="checkbox"/> NV <input checked="" type="checkbox"/> balance			
T-974 problems <input checked="" type="checkbox"/> neck pain come & go			
P-74 on & off			
BP-120/64 01 PERRLA			
A) HA			
P1) Stop Lopressor			
② Verapamil 60mg BID 7A + 7P			
③ Motrin 600mg TID meals #1 60			
④ PAC if symptoms persist/worsen			
Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.			

卷之三

9 miles ago at 1 p.m.
it still has the
wind & cloud pattern
of the last. or else
of percent chance at
1 p.m.

at 0110 Fy & in
distr of Hel

- ① say to self often
- ② return or over it

Brian S. North
Pharm. D., RPh
FCI Jesup, GA

300

[Signature]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

kelly,
26864-039

RECORDS MAINTAINED AT:	FCI JESUP, GEORGIA	
PATIENT'S NAME (Last, First, Middle initial)	SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/13/04	private
11/30	CHRONIC CARE
8/15 38/97	S. 46 y/o black male PT C to ST.urgency TT P-bladder. Barot C, ERH
P 62	Sp O D T O. Pt. St. G. Cough well now. B/P when by car to the money. He had a headache. When he had headache it is 8/15 comes out goes. No history of stroke. His O. Glare extended - 3. Hem- falc & unc ligh- pr no (1) very clear pr (2) Ext. pr clear in form now. CN - II - III intact. Pt. history (1) 1. Headache no diagnosis No eff in head No tension headache. 2. Conf. memory so P, OD 200 RTZ 3. Chewing, CN II impaired. 4. PTZ QJ 205
	~46 BIS 11-8/15-04
	11/30 L. Morgan File # 1000

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE
07-16-2004
0800

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Administrative Note: Received at FCI/EP/ FPC Jesup, GA
Intake Screening Completed (BP-354) YES NOHave you ever received Tetanus Immunization? YES NO
If so, date of last tetanus shot Y (if >7 years, update and
document on immunization sheet) Don't rememberAny exposure to or history of infectious diseases?
TB: YES NO HIV: YES NO
VD: YES NO Hepatitis: YES NO
Explain, if YES Smoker: YES NO

Inmate examined for lice: YES NO

Any found? YES NO (If YES, do SOAP note on reverse)
Inmate examined for skin infections: YES NO

Any Found? YES NO (If YES, do SOAP note on reverse)

History of recent Alcohol/Drug use? YES NO. If Yes explain:

Any history of suicide attempts? YES NO

Any feeling that you will harm yourself now? YES NO

If YES, was referral made to psychology? YES NO

Present Medical Complaints: YES NO Specify if YES:

h/a, (R) 5th digit broken

Medication Allergies? YES NO Specify YES:

Physician Referral made, if indicated? YES NO

Sick call and pill line procedures explained: YES NO

Current Medications? YES NO

If YES, Specify medications issued and/or prescribed:

Metoprolol 50mg 1 tablet every 8AM + 8PMBS/BS/BSBSBrad TuckerBrad Tucker, RN
FCI/FPC Jesup GA

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

USP Lewisburg

Inmate Received, this date 5-21-04

Medical History Reviewed

Yes No

Evidence of lice

Yes No

Suicidal Thoughts

Yes No

Recent Assault, Trauma or Abuse

Yes No

Signs and Symptoms of Infect Dse

Yes No

Allergies to Medications

Yes No

Medications

Yes No

1 Doctor Exam P

et needs to see

S-24-04
O.K. FOR TRANSFER

USP LEWISBURG

MEDICATIONS YES NO

Walker Entd

RD

CXR ORDER DATE:

MAY 24 2004

FOLLOW UP PPD, IF INDICATED
AT FINAL DESTINATION.

SIGNATURE AND STAMP

MEDICATION TIMES:

once daily = 8:00 a.m.

2 x daily = 8:00 a.m. & 8:00 p.m.

3 x daily = 8:00 a.m., 12:00 p.m. & 8:00 p.m.

4 x daily = 8:00 a.m., 12:00 p.m., 4:00 p.m. & 8:

Cleared Pharmacy for Transfer

FCI, Oklahoma City, OK

SUN 28 2004

6/29/04 1930

Arrived at FDC Tallahassee
No medical complaints at this time

C
C. Mitchell, Paramedic
FCI / FDC, Tallahassee

7/15/04 1722

OK FOR TRANSFER

*Catrine Med
as Rx*

*G. Martel
ParamedicEMT
FCI/FDC Tallahassee*

7/16/04 8800

Arrived FCI/FPC Jesup, GA

*BRAD TUCKER
FCI/FPC Jesup GA*

KBN 7244-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

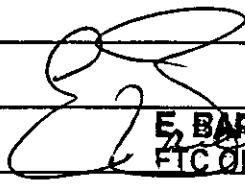
MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5/27/04 S - Slammed R little finger 2 wks
 0840 ago - Wts. et x-Rayed.
 5F Q - Small lump on post. aspect of the
 (R) 5th Digit Distal aspect -
 A - RFO Tx
 P - Order x-Ray -


 E. BARBY, PA
 FTC OKLA. CITY, OK

6/1/04 Multiple ORC protocol

1244

5F

Janice Fletcher, ARNP

Contract Mid-level Practitioner

Federal Transfer Center, OKC

6/3/04 S - I want to know x-ray result 4/9 of R Hand
 5F injury 3 wks ago:
 8:45 Q - x-ray R hand three views on 5/27/04
 Small avulsed fracture extending
 from base of distal phalange of Phalanx
 of 5th digit; slight separation of
 Fracture fragment

A 2 fracture of 5th digit of R Hand
 P 2 refer to Dr. Miles for further

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Kelly, Leslie
 26864-039

Federal Transfer Center
 Okn. n.

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FIRMR (41 CFR) 201-9.202-1

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/3/04 5F - 08:48	evaluation & treatment Mattern Aleem Khan, PA Federal Transfer Center, OKC, OK
6/4/04 1135 5F	Snotrun/OTC E. BARRY, PA FTC OKLA. CITY, OK Early G. M. H.
JUN 04 2004	
6/10/04 0815 5F	NO SHOW FOR SICK CALL E. Barry, PA FTC Oklahoma City Tom R. Gammie, MD FTC Oklahoma City, OK
6/11/04 0815 5F	NO SHOW FOR SICK CALL E. Barry, PA FTC Oklahoma City
6/17/04 0930 6F	NO SHOW FOR SICK CALL E. Barry, PA FTC Oklahoma City
6/21/04 0850 5F	NO SHOW FOR SICK CALL E. Barry, PA FTC Oklahoma City
6/25/04 5F 6 9:06	CTM per OTC protocol Mattern Aleem Khan, PA Federal Transfer Center, OKC, OK